Suicide Prevention

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Contributing to the Problem

- **Ineffective linkage between Medical & Command**
- **Morale and Cohesion**
  - **Unit & Individual**
- **PTSD/TBI/Physical Symptoms**
- **Alcoholism**

Observations

- **Communication policy is Personality Driven**
- **Operational Responsibilities do NOT ensure problem solving / mentoring skills necessary to support Marines and families in Garrison**
- **Lack of Trust and Confidence in Leadership / Chain of Command**
- **Unit Cohesion Disrupted by OPTEMPO and Lack of Sufficient Dwell**

Big Picture

- **Policy to ensure continuity between Medical and Commanders**
  - SOPs and follow up
  - Parallel medical documentation in Marine's training jacket
- **Develop Engaged Leaders**
  - Personal Skills
  - "LeJeune Model"
  - Eliminate Stigma
  - Incorporate family
- **Create Resilience**
  - Mental fitness developed in Recruit Training and OCS
  - Revisited/Reinforced throughout career
    - Pre deployment
    - Post deployment

Recommendations

- **Regular Interaction – Command/Medical**
  - Medical Assessments Passed to Commander
  - Commander - Engaged
  - Weekly Assessment/Coordination
    - Shared Awareness
  - Follow-Up Appointments Tracked by Unit
  - Training Jacket Entry (Mirrors Medical Record)
  - Timeline and Plan for Treatment/Recovery
  - Non-Punitive (Compliance Reinforced)

Military and Civilian Interaction with Medical Community, From an Employer Standpoint is Not Parallel

Recommendations

- **Small Unit Leader's Personnel File**

  (I.e. Platoon Cmdr's Notebook)

  - Key Information:
    - Operational Experience-Combat?
    - Commendations/Negative Paper
    - Single/Married/Divorced-When?
    - Children-Special Needs?
    - Financial Situation
    - Special Skills/Experience/Background
    - Pros/Cons & Fitness Report Review
    - Short & Long Term Career Goals/Plan
    - Interview & Assessment

Recommendations

- **Engage Families in <u>2-Way</u> Communication**
  - Family Readiness Officer
  - Face book/Email/Regular Meetings
  - Inform on Unit Training Plan and Timelines
  - Educate on Wellness Issues
    - PTSD
    - Alcohol/Drugs
    - Suicide
    - Financial Planning
    - USMC/DoD Services

Recommendations

- **Resilience Training**
  - Mind Fitness/Meditation/Stress Reduction
    - Mental and Physical Fitness in Parallel (heart & mind)
  - Introduced at TBS/SOI/MCT
  - Reinforced Throughout Career
    - PME & Unit Training
  - Focus Additional Training on High Stress Billets
  - Numerous Programs Underway
    - USA/USN/USAF

Working Examples

- **Instructor Bn** (PTSD Model) – “preventative maintenance”
  - Inventory PDHRA/PHA
  - Family readiness command team
  - FRO incorporation
    - Family interaction (via small group discussions & social networks)
- **Camp Pendleton** (Medical interaction)
  - Mental Health Tracking “high-risk patients”
    - Parallel entries in training jacket and medical record
    - Regular meetings between medical and commanders
    - Mandated policy on appointments (punitive No-Show)
    - Structured, seamless transition from facility to facility
      - Medical intranet ensuring collective visibility among medical units

Leaders Bottom Line

- Ensure Marine are prepared for their environment whether deployed or in garrison
- Ensure they understand the human dimensions
- Cohesion and achieving high morale are critical to unit health
- Provide tough and realistic training reinforcing the connection between body and mind
- Pay attention to the social contract—responsibilities of leader and led
- Moral Code Memory—provide clear guidance on desired and acceptable behavior - responsibility
- ***Getting help for Marines when needed!***

Questions

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